


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90171 001 \*\*\*\*70.00

<b>DOCUMENT # F93000001152</b>	
<b>1. Entity Name</b> <b>KRIYA YOGA INSTITUTE, INC.</b>	

<b>Principal Place of Business</b> <b>24757 S.W. 167TH AVE.</b> <b>HOMESTEAD FL 33031-1364</b>	<b>Mailing Address</b> <b>24757 S.W. 167TH AVE.</b> <b>HOMESTEAD FL 33031-1364</b>
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> <b>NOT APPLICABLE</b>	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>JOHNSON, KAREN</b> <b>24757 SW 167TH AVE.</b> <b>HOMESTEAD FL 33031-1364</b>	<b>Name</b> <b>KATHARINE WIEBE</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>24757 SW 167th AVE.</b> <b>City</b> <b>HOMESTEAD</b> <b>FL</b> <b>Zip Code</b> <b>33031</b>

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

<b>SIGNATURE</b> <u>Katharine Wiebe, Treasurer</u> <b>April 30, 2003</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																																																																																								
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <u>Katharine Wiebe</u> <b>April 30, 2003</b>	<b>305-247-1960</b>
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CR2E037 (10/02)